

UNITED STATES DISTRICT COURT  
DISTRICT OF MASSACHUSETTS

PURCHASE ORDER/REQUEST FOR PAYMENT FOR INTERPRETING SERVICES

PLEASE PRINT OR TYPE

V.

CASE NUMBER: \_\_\_\_\_

FROM:

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_

Telephone Number \_\_\_\_\_

I hereby certify that I am Certified \_\_\_\_\_ Prof. Qualified \_\_\_\_\_ Non-Certified \_\_\_\_\_

to interpret in the following Language \_\_\_\_\_ and executed a contract with the Court on \_\_\_\_\_

TYPE OF PROCEEDINGS:

Description: \_\_\_\_\_

Location: \_\_\_\_\_

DATE: \_\_\_\_\_ Begin Time: \_\_\_\_\_ am/ pm End Time: \_\_\_\_\_ am/pm

HALF DAY \_\_\_\_\_ FULL DAY \_\_\_\_\_ AMOUNT \_\_\_\_\_

Distance from residence to location must be more than 30 miles one way in order to claim any travel expenses.

TRAVEL EXPENSES: # OF MILES \_\_\_\_\_ @ \$ \_\_\_\_\_ PER MILE AMOUNT \_\_\_\_\_

TOLLS \_\_\_\_\_ PARKING \_\_\_\_\_ AMOUNT \_\_\_\_\_

OTHER EXPENSES: \_\_\_\_\_ AMOUNT \_\_\_\_\_

(Itemize and attach receipts)

Courtroom Deputy/Pretrial/Probation verification that Information is correct and accurate: \_\_\_\_\_ (initials)

DOCUMENT TRANSLATION:

DATE: \_\_\_\_\_ TOTAL # OF WORDS/PAGES \_\_\_\_\_ RATE PER WORD \_\_\_\_\_

AMOUNT \_\_\_\_\_

OTHER EXPENSES: \_\_\_\_\_ AMOUNT \_\_\_\_\_

TOTAL AMOUNT OF INVOICE: \_\_\_\_\_

Date: \_\_\_\_\_

Submitted by: \_\_\_\_\_  
(Interpreter's Signature)

Date approved \_\_\_\_\_

Certifying Officer \_\_\_\_\_ Title \_\_\_\_\_

092000-DXXBBCX-D01MAXJ/M-2523

INTERPRETER RATES: Effective April 1, 2003

Certified and Professionally Skilled - Full Day \$329 / Half Day - \$178 Overtime \$49 per hour of part thereof  
Language Skilled (Non-Certified) - Full Day - \$156 / Half Day - \$86 Overtime \$27 per hour or part thereof \*\* Mileage - .405